Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DIST OF OHIO		
Case number (if known)	Chapter <b>7</b>	
		☐ Check if this an amended filing

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1.	Debtor's name	North Coast Clinical Laboratory, Inc	
	All - (l		
2.	All other names debtor used in the last 8 years	North Coast Laboratories, Inc.	
	Include any assumed names, trade names and doing business as names	DBA North Coast Labs	
3.	Debtor's federal Employer Identification Number (EIN)	34-1505256	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		2215 Cleveland Road Sandusky, OH 44870	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		Erie	Location of principal assets, if different from principal
		County	place of business
			Number, Street, City, State & ZIP Code
5.	Debtor's website (URL)		
6.	Type of debtor	■ Corporation (including Limited Liability Company	γ (LLC) and Limited Liability Partnership (LLP))
		☐ Partnership (excluding LLP)	
		☐ Other. Specify:	

pending or being filed by a business partner or an

affiliate of the debtor? List all cases. If more than 1,

attach a separate list

Relationship

Case number, if known

☐ Yes.

Debtor

District

Debt	HOI III OOGOL OIIIII	cal Labor	atory, Inc		Case number (if know	vn)	
	Name						
11.	Why is the case filed in	Check a	all that apply:				
	this district?				ipal place of business, or principal assets or for a longer part of such 180 days tha	s in this district for 180 days immediately n in any other district.	
		□ A	bankruptcy	case concerning del	btor's affiliate, general partner, or partner	rship is pending in this district.	
12.	Does the debtor own or	□ No					
	have possession of any real property or persona property that needs		Answer be	low for each proper	ty that needs immediate attention. Attacl	n additional sheets if needed.	
	immediate attention?		Why does	the property need	I immediate attention? (Check all that a	apply.)	
			•	s or is alleged to pos the hazard?	se a threat of imminent and identifiable h	azard to public health or safety.	
			☐ It needs	s to be physically se	ecured or protected from the weather.		
					ls or assets that could quickly deteriorate meat, dairy, produce, or securities-relate	e or lose value without attention (for example, d assets or other options).	
			<ol> <li>Biomedical waste needs to be secured and properly stored.</li> <li>Reagents and supplies which are perishable.</li> <li>Equipment which needs to be properly shut down &amp; decontaminated prior to sale</li> <li>Medical records which need to be preserved.</li> </ol>				
			Where is	the property?	2215 Cleveland Rd #105 Sandusky, OH, 44870-0000		
					Number, Street, City, State & ZIP Cod	е	
				perty insured?			
			□ No		O		
				Insurance agency Contact name	Gardner & Strayer		
				Phone	Brent Gardner (419) 626-1423 (419) 483-6620		
					(413) 020 1420 (413) 400 0020		
	Statistical and adm	inistrative	information				
13.	Debtor's estimation of		Check one:				
	available funds		■ Funds will	be available for dis	stribution to unsecured creditors.		
			☐ After any	administrative expe	nses are paid, no funds will be available	to unsecured creditors.	
14.	Estimated number of creditors	☐ 1-49 ■ 50-9 ☐ 100- ☐ 200-	9 199		□ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000	
45	Father at all Asserts						
15.	Estimated Assets	□ \$50,0 □ \$100	\$50,000 001 - \$100,00 0,001 - \$500,0 0,001 - \$1 mil	000	■ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
16.	Estimated liabilities	□ \$50. □ \$100	\$50,000 ,001 - \$100,0 ),001 - \$500,0 ),001 - \$1 mil	000	□ \$1,000,001 - \$10 million ■ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	

Debtor

North Coast Clinical Laboratory, Inc

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 8, 2017 MM / DD / YYYY

X /s/ Jack Runner	Jack Runner		
Signature of authorized representative of debtor	Printed name		
Title	_		

### 18. Signature of attorney

/ /s/ Raymond L Beebe		Date November 8, 2017
Signature of attorney for debtor		MM / DD / YYYY
Raymond L Beebe #0027096		
Printed name		
Raymond L Beebe Co LPA		
Firm name		
1107 Adams St		
Toledo, OH 43604		
Number, Street, City, State & ZIP Code		
Contact phone (419) 244-8500	Email address	Raybblaw@buckeye-express.com

#0027096 Bar number and State

Official Form 201

Fill in this infor		
Debtor name	North Coast Clinical Laboratory, Inc	
United States B	ankruptcy Court for the: NORTHERN DIST OF OHIO	
Case number (if	known)	☐ Check if this is an amended filing

# **Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## **Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

declare under	penalty of perjury that the for	regoing is true and correct.
Executed on	November 8, 2017	X /s/ Jack Runner
		Signature of individual signing on behalf of debtor
		Jack Runner
		Printed name

Position or relationship to debtor

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors** 

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Fill in this information to identify the case:		
Debtor name North Coast Clinical Lab	boratory, Inc	
United States Bankruptcy Court for the: NO	ORTHERN DIST OF OHIO	
Case number (if known)	Check if this is an	
		amended filing

# Official Form 206Sum

# **Summary of Assets and Liabilities for Non-Individuals**

12/15

Par	Summary of Assets		
1.	Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
	1a. Real property: Copy line 88 from Schedule A/B	\$_	0.00
	1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B.</i>	\$_	6,055,369.00
	1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i>	\$_	6,055,369.00
Par	t2: Summary of Liabilities		
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$_	388,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
	3a. Total claim amounts of priority unsecured claims:  Copy the total claims from Part 1 from line 5a of Schedule E/F	\$_	6,027.00
	<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$_	14,439,494.97
4.	Total liabilities	\$	14,833,521.97

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

page 1

Best Case Bankruptcy

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Fill in th	aic information to identify the acces			
Debtor	nis information to identify the case:  name North Coast Clinical Laboratory, I	ne		
	States Bankruptcy Court for the: NORTHERN D	151 OF ORIO		
Case nu	umber (if known)			☐ Check if this is an amended filing
Offic	cial Form 206A/B			
Sch	edule A/B: Assets - Rea	al and Personal Pro	perty	12/15
Include which had not unexpended as continued to the debt	e all property, real and personal, which the deb all property in which the debtor holds rights an ave no book value, such as fully depreciated a pired leases. Also list them on Schedule G: Ex amplete and accurate as possible. If more space for's name and case number (if known). Also ic all sheet is attached, include the amounts from	nd powers exercisable for the debtor's assets or assets that were not capitaliz recutory Contracts and Unexpired Least ce is needed, attach a separate sheet the dentify the form and line number to wh	s own benefit. Also in ted. In Schedule A/B, ses (Official Form 206 to this form. At the top nich the additional inf	clude assets and properties ist any executory contracts G).  of any pages added, write
For Par schedu debtor'	t 1 through Part 11, list each asset under the a le or depreciation schedule, that gives the det s interest, do not deduct the value of secured	ppropriate category or attach separate ails for each asset in a particular cates	e supporting schedul gory. List each asset o	only once. In valuing the
Part 1: 1. Does	Cash and cash equivalents the debtor have any cash or cash equivalents?	?		
_	o. Go to Part 2.			
	es Fill in the information below.			
All ca	ash or cash equivalents owned or controlled b	y the debtor		Current value of debtor's interest
3.	Checking, savings, money market, or financial Name of institution (bank or brokerage firm)	al brokerage accounts (Identify all) Type of account	Last 4 digits of acc	ount
	3.1. Civista Bank (Citizens)	Checking	6797	\$3,000.00
4.	Other cash equivalents (Identify all)			
5.	Total of Part 1.			\$3,000.00
	Add lines 2 through 4 (including amounts on any	additional sheets). Copy the total to line	80.	
Part 2:	Deposits and Prepayments the debtor have any deposits or prepayments?			
		f		
	o. Go to Part 3. es Fill in the information below.			
		Photo days a 21-		
7.	Deposits, including security deposits and util Description, including name of holder of deposit	ity deposits		
	7.1. Deposit Held by Melchior Building landlord, office lease.	Company, PO Box 482 Perrysburg	g, OH, prior	\$200.00
8.	Prepayments, including prepayments on execution prepayments of execution prepayments on execution prepayments of execution prepayments of execution prepayments on execution prepayments of executio		xes, and rent	
9.	Total of Part 2.			\$200.00
	Add lines 7 through 8. Copy the total to line 81.			Ψ200.00

Official Form 206A/B

page 1

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Best Case Bankruptcy

Schedule A/B Assets - Real and Personal Property

Debto	r North Coast Clinic Name	al Laboratory, Inc	Case	number (If known)	
Part 3:	Accounts receivable				
	es the debtor have any acc				
ПΝ	lo. Go to Part 4.				
	es Fill in the information bel	ow.			
11.	Accounts receivable				
	11a. 90 days old or less:	110,000.00	-	<b>0.00</b> =	\$110,000.00
		face amount	doubtful or uncollect	tible accounts	
	11b. Over 90 days old:	40,000.00		0.00 =	\$40,000.00
	Tib. Over 30 days old.	face amount	doubtful or uncollect		Ψ+0,000.00
12.	Total of Part 3.				\$150,000.00
	Current value on lines 11a	a + 11b = line 12. Copy the total	to line 82.		_
Part 4:	Investments as the debtor own any inve	estments?			
		Stillelite:			
_	lo. Go to Part 5. es Fill in the information bel	OW			
	es i ili ili tile ililoimation bei	ow.			
Part 5:	Inventory, excluding	agriculture assets			
18. <b>Doe</b>	s the debtor own any inve	ntory (excluding agriculture a	ssets)?		
□и	lo. Go to Part 6.				
■ Y	es Fill in the information bel	ow.			
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, includi	ng goods held for resale			
22.	Other inventory or supp				
	Lab and Office invent		\$0.00		\$25,000.00
23.	Total of Part 5.				\$25,000.00
	Add lines 19 through 22.	Copy the total to line 84.		_	, 1,111
24.	Is any of the property lis ☐ No ■ Yes	ted in Part 5 perishable?			
0.5					
25.	Has any of the property  ■ No	listed in Part 5 been purchase	d within 20 days before th	ne bankruptcy was filed?	
	☐ Yes. Book value	Valuation r	method	Current Value	
26.	Has any of the property ■ No	listed in Part 5 been appraised	d by a professional within	the last year?	

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Official Form 206A/B

Best Case Bankruptcy

page 2

Schedule A/B Assets - Real and Personal Property

Debtor		Laboratory, Inc	Case	number (If known)	
	Name				
	□Yes				
Part 6:	Farming and fishing-re	lated assets (other than title	d motor vehicles and land	d)	
27. <b>Doe</b> s	s the debtor own or lease a	ny farming and fishing-relate	ed assets (other than titled	I motor vehicles and land)?	
■ N	o. Go to Part 7.				
	o. Go to Fait 7. es Fill in the information belov	I.			
Part 7:	Office furniture, fixture	s, and equipment; and colle	ctibles		
	s the debtor own or lease a	ny office furniture, fixtures, e	equipment, or collectibles	?	
Пм	o. Go to Part 8.				
	es Fill in the information below	<i>I</i> .			
,					
	General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture				
40.	Office fixtures				
41.	Office equipment, including	g all computer equipment a	nd		
	communication systems e Office and Lab Equipme		\$50,000.00		\$50,000.00
	Office and Lab Equipme	ziit	φ30,000.00		φου,υυυ.υυ
42.	books, pictures, or other art	ques and figurines; paintings, objects; china and crystal; star , memorabilia, or collectibles			
43.	Total of Part 7.				\$50,000.00
	Add lines 39 through 42. Co	ppy the total to line 86.		_	<b>7</b>
44.	Is a depreciation schedule	available for any of the prop	perty listed in Part 7?		
	□No	, , , , , , , , , , , , , , , , , , , ,			
	■ Yes				
45.	Has any of the property lis	ted in Part 7 been appraised	l by a professional within	the last year?	
	■ No	appraises	u prorocorona		
	□Yes				
Part 8:	Machinery, equipment	and vehicles			
		ny machinery, equipment, or	vehicles?		
		, , , , , , , , , , , , , , , , , , ,			
=	o. Go to Part 9.				
■ Ye	es Fill in the information below	<i>I</i> .			
	General description Include year, make, model, (i.e., VIN, HIN, or N-number		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks	, motorcycles, trailers, and t	itled farm vehicles		
48.	Watercraft, trailers, motors floating homes, personal wa	s, and related accessories Extercraft, and fishing vessels	xamples: Boats, trailers, mo	otors,	
49.	Aircraft and accessories				
50.	Other machinery, fixtures,	and equipment (excluding fa	arm		
Official	Form 206A/B	Schedule A/B A	Assets - Real and Persor	nal Property	page 3

17-33511-maw Doc 1 FILED 11/08/17 ENTERED 11/08/17 15:49:20 Page 9 of 55

Debtor		orth Coast Clinical Labor	ratory, Inc	Case	number (If known)	
	machi Equip Xerox Corpo Avia1 Lesso AU48 (Beck Acce	inery and equipment) coment Leases with the for x Workcentre7535/3TRY coration, Lessee) 1209 (Siemen Healthcare ee - Disputed) 60w/ ISE Insturment Sale xman Coulter, Lessee) ss 2, Single System SG ( ter, Lessee)	(Xerox Diagnostics, s Group	\$0.00		\$0.00
51.		of Part 8. nes 47 through 50. Copy the	total to line 87.		-	\$0.00
52.		epreciation schedule availa		perty listed in Part 8?		
53.	Has a ■ No □ Yes		Part 8 been appraised	l by a professional within	the last year?	
	the de	eal property  ebtor own or lease any real  o Part 10.  the information below.	property?			
<b>–</b> Y6		uilding, other improved rea	l estate, or land which	h the debtor owns or in w	hich the debtor has an inter	rest
	Descriprope Included descriprope of proper acrease	ription and location of crty e street address or other ption such as Assessor I Number (APN), and type perty (for example, ge, factory, warehouse, nent or office building, if	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
	55.1.		Leasehold	\$0.00		\$0.00
	55.2.	2307 W. 14th Street Suite 307 Cleveland, OH 44113 Office	Leasehold	\$0.00		\$0.00
	55.3.	12611 Eckel Junction Rd. Perrysburg, OH 43551 Office	Leasehold	\$0.00		\$0.00
	55.4.	521 N. Sandusky Street, Bellvue, OH 44811	Leasehold	\$0.00		\$0.00

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 4

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Debtor	North Coast Clinical Laboratory, Inc Name	Case	number (If known)	
56.	Total of Part 9.  Add the current value on lines 55.1 through 55.6 and entr	ries from any additional shee	tc .	\$0.00
	Copy the total to line 88.	les from any additional since		
57.	Is a depreciation schedule available for any of the pro $\blacksquare$ No	pperty listed in Part 9?		
	☐ Yes			
58.	Has any of the property listed in Part 9 been appraise	d by a professional within	the last year?	
	■ No □ Yes			
Part 10:	<u></u>			
	Intangibles and intellectual property the debtor have any interests in intangibles or intellectual	ctual property?		
□ No	o. Go to Part 11.			
■ Ye	es Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites Doman name: www.Northcoastlab.com	\$0.00		\$0.00
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill			
66.	Total of Part 10.			\$0.00
	Add lines 60 through 65. Copy the total to line 89.			
67.	Do your lists or records include personally identifiable ■ No	le information of customers	s (as defined in 11 U.S.C.§§ 1	01(41A) and 107 <b>?</b>
	☐ Yes			
68.	Is there an amortization or other similar schedule ava	ilable for any of the proper	ty listed in Part 10?	
	■ No □ Yes			
69.	Has any of the property listed in Part 10 been apprais	ed by a professional withir	n the last year?	
	■ No □ Yes			
Part 11:				
70. <b>Doe</b> s	s the debtor own any other assets that have not yet be		Alaira farma	
	de all interests in executory contracts and unexpired lease	s not previously reported on	tnis torm.	
	o. Go to Part 12.			

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 5

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Debtor	North Coast Clinical Laboratory, Inc	Case number (If known)	
	Name		Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)		
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)		
	Net Operating Loss	Tax year <b>2016</b>	\$227,169.00
73.	Interests in insurance policies or annuities		
74.	Causes of action against third parties (whether or not a lawsuit has been filed) Counterclaims and cross claims as identified in Silo Healthcare Operations, LLC vs North Coast Clinical Laboratories, Inc. Erie County Common Pleas Court,		<b>\$5</b> 600 000 00
	Nature of claim Amount requested  Breach of Contract and others \$5,600,000.00		\$5,600,000.00
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims		
76.	Trusts, equitable or future interests in property		
77.	Other property of any kind not already listed Examples: Season tic country club membership	kets,	
78.	Total of Part 11.		\$5,827,169.00
	Add lines 71 through 77. Copy the total to line 90.		
79.	Has any of the property listed in Part 11 been appraised by a prof  ■ No	essional within the last year?	
	□ Yes		

Nam

Part 12:	Summary

Debtor

In Pa	rt 12 copy all of the totals from the earlier parts of the form Type of property	Current value of personal property	Current value of real property
80.	Cash, cash equivalents, and financial assets.  Copy line 5, Part 1	\$3,000.00	
81.	Deposits and prepayments. Copy line 9, Part 2.	\$200.00	
82.	Accounts receivable. Copy line 12, Part 3.	\$150,000.00	
83.	Investments. Copy line 17, Part 4.	\$0.00	
84.	Inventory. Copy line 23, Part 5.	\$25,000.00	
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86.	Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$50,000.00	
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88.	Real property. Copy line 56, Part 9	>	\$0.00
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90.	All other assets. Copy line 78, Part 11.	+\$5,827,169.00	
91.	Total. Add lines 80 through 90 for each column	\$6,055,369.00	+ 91b. <b>\$0.00</b>
92.	Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,055,369,00

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

Fill in this information to identify the c	250.			
Debtor name North Coast Clinical	Laboratory, mc			
United States Bankruptcy Court for the:	NORTHERN DIST OF OHIO			
Case number (if known)			_	Check if this is an amended filing
0000				g
Official Form 206D	What I have Obstant Occupant to E			
Schedule D: Creditors	Who Have Claims Secured by P	roperty		12/15
Be as complete and accurate as possible.				
. Do any creditors have claims secured by o				
☐ No. Check this box and submit pa	ge 1 of this form to the court with debtor's other schedules	. Debtor has not	thing else to	report on this form.
Yes. Fill in all of the information be	elow.			
Part 1: List Creditors Who Have Sec	cured Claims			
List in alphabetical order all creditors who claim, list the creditor separately for each claim	o have secured claims. If a creditor has more than one secured i.	Column A  Amount of c	laim	Column B  Value of collateral
Silo Healthcare Operations,		Do not deduction of collateral.	ct the value	that supports this claim
2.1 Silo HealthCare Operations, LLC Creditor's Name	Describe debtor's property that is subject to a lien	\$38	8,000.00	\$0.00
1st Street SE 903 San Juan, PR 00921		_		
Creditor's mailing address	Describe the lien			
	Note and Security Interest	_		
	Is the creditor an insider or related party?			
Creditor's email address, if known	■ No □ Yes			
Creditor's email address, il known	Is anyone else liable on this claim?			
Date debt was incurred	■ No			
05/17/2016 Last 4 digits of account number	☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)			
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply ☐ Contingent			
Yes. Specify each creditor,	■ Unliquidated			
including this creditor and its relative priority.	☐ Disputed			
3. Total of the dollar amounts from Part 1,	Column A, including the amounts from the Additional Page,	if any \$38	8,000.00	
Part 2: List Others to Be Notified for		, , ,	,	
	ust be notified for a debt already listed in Part 1. Examples o	entities that may	be listed are	collection agencies,
•	sted in Part 1, do not fill out or submit this page. If additional On	which line in Par	t 1 did	Last 4 digits of
	уо	u enter the related	d creditor?	account number for this entity
Ronald House Esq Benesch, Friedlander, Arnof	Lin	e <b>2.1</b>		<b>y</b>
41 S. High St, Ste 2600 Columbus, OH 43215-6164				

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

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Fill in t	his information to identify the case:			
Debtor	name North Coast Clinical Labora	tory, Inc		
United S	States Bankruptcy Court for the: NORTH	ERN DIST OF OHIO		
		-		
Case no	umber (if known)		☐ Check	if this is an
			amend	ed filing
Offici	ial Form 206E/F			
Sche	edule E/F: Creditors Wh	no Have Unsecured Claims		12/15
List the of Personal	other party to any executory contracts or unex Property (Official Form 206A/B) and on Scheme	or creditors with PRIORITY unsecured claims and Part 2 for cre spired leases that could result in a claim. Also list executory co dule G: Executory Contracts and Unexpired Leases (Official Fo Part 1 or Part 2, fill out and attach the Additional Page of that Pa ecured Claims	ontracts on <i>Schedule A/B:</i> orm 206G). Number the en	Assets - Real and
1. [	Oo any creditors have priority unsecured clain	ns? (See 11 U.S.C. § 507).		
[	☐ No. Go to Part 2.			
ı	Yes. Go to line 2.			
	List in alphabetical order all creditors who ha with priority unsecured claims, fill out and attach	ive unsecured claims that are entitled to priority in whole or in the Additional Page of Part 1.		
			Total claim	Priority amount
2.1	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1.00	\$0.00
	Ambera Palmer 937 Virginia Street	Check all that apply.  ☐ Contingent		
	Port Clinton, OH 43452	■ Unliquidated		
		☐ Disputed		
-	Date or dates debt was incurred	Basis for the claim:		
_		Unpaid Wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> )	Yes		
2.2	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1.00	\$0.00
	Carie Seamon	Check all that apply.	Ψ1.00	Ψ0.00
	103 South Main St. Apt D	☐ Contingent		
	Clyde, OH 43410	Unliquidated		
		☐ Disputed		
-	Date or dates debt was incurred	Basis for the claim: Unpaid Wages and/or benefits		
-	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> )	□Yes		

Schedule E/F: Creditors Who Have Unsecured Claims

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26187

ebtor	North Coast Clinical Laboratory, Inc	Case number (if known)		
	Priority creditor's name and mailing address Carolyn Garcia 1540 Scranton Rd Norwalk, OH 44857	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$0.00
	Last 4 digits of account number Is  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid wages and/or benefits		
		Is the claim subject to offset?	_	
		■ No □ Yes		
	Christine Jones 1323 Lawnview Ave Toledo, OH 43607	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
•		Basis for the claim: Unpaid wages and/or benefits	_	
	Last 4 digits of account number	Is the claim subject to offset?	_	
	unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
	Christopher Dean 5245 50th Street Sandusky, OH 44870	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
		Basis for the claim: Unpaid wages and/or benefits		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  ■ No □ Yes	_	
2.6	Darri Stobie 4704 Columbus Ave Sandusky, OH 44870	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$0.00
		Basis for the claim: Unpaid Wages and/or benefits		
•	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  ■ No □ Yes	_	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	North Coast Clinical Laboratory, Inc	Case number (if known)		
	Priority creditor's name and mailing address  Deborah Pervez 31827 Woodbridge Way  Avon Lake, OH 44012	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
-	Last 4 digits of account number Is Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Unpaid wages and/or benefits		
		Is the claim subject to offset?		
		■ No □ Yes		
.8	Diana Hoelzer 101 Mohawk Path Sandusky, OH 44870	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$0.00
-		Basis for the claim: Unpaid Wages and/or benefits	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
	Donald Lowther 6712 Susan Drive Castalia, OH 44824	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
-		Basis for the claim: Unpaid wages and/or benefits		
		Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
	Jack Runner 620 Marshall Ave Sandusky, OH 44870	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$0.00
-		Basis for the claim: Unpaid Wages and/or benefits		
-	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  ■ No □ Yes	_	

Schedule E/F: Creditors Who Have Unsecured Claims

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North Co	oast Clinical Laboratory, I	Inc Case number (if known)		
Priority credito		As of the petition filing date, the claim is: Check all that apply.	\$1.00	\$0.00
812 Warwi		Contingent		
Sheffield L	_ake, OH 44054	Unliquidated		
		☐ Disputed		
Date or dates	debt was incurred	Basis for the claim: Unpaid Wages and/or benefits	_	
Last 4 digits of	f account number	Is the claim subject to offset?		
	subsection of PRIORITY	■ No		
unsecured cla	im: 11 U.S.C. § 507(a) ( <u>4</u> )	☐ Yes		
Priority credito	or's name and mailing address	As of the petition filing date, the claim is:	\$1.00	\$1.00
Joseph Pr		Check all that apply.		
2006 Hull I		Contingent		
Sandusky,	, OH 44870	Unliquidated		
		Disputed		
Date or dates	debt was incurred	Basis for the claim: Unpaid wages and/or benefits	_	
Last 4 digits of	f account number	Is the claim subject to offset?		
	subsection of PRIORITY	■ No		
unsecured cla	im: 11 U.S.C. § 507(a) ( <u>6</u> )	☐ Yes		
Priority credito	or's name and mailing address	As of the petition filing date, the claim is:	\$1.00	\$1.00
Kathleen F	Runner	Check all that apply.	· ·	
620 Marsh	all Ave	☐ Contingent		
Sandusky,	, OH 44870	Unliquidated		
		☐ Disputed		
Date or dates	debt was incurred	Basis for the claim:		
Date of dates	door was insuring	Unpaid wages and/or benefits		
Last 4 digits o	f account number	Is the claim subject to offset?	_	
	subsection of PRIORITY	■ No		
unsecured cla	im: 11 U.S.C. § 507(a) ( <u>4</u> )	☐ Yes		
Priority credito	or's name and mailing address	As of the petition filing date, the claim is:	\$1.00	\$0.00
Kristen Ru	•	Check all that apply.		
340 Berlin		☐ Contingent		
Huron, OH	I 44839	■ Unliquidated		
		☐ Disputed		
Date or dates	debt was incurred	Basis for the claim: Unpaid Wages and/or benefits		
			_	
Last 4 digits of	f account number	Is the claim subject to offset?		
9	f account number subsection of PRIORITY	Is the claim subject to offset?		

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	North Coast Clinical Laboratory, Inc	Case number (if known)		
2.15	Major Ruffin III 734 Walnut Ridge Lane Sandusky, OH 44870	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
		Basis for the claim: Unpaid wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
2.16	Melvin Burns PO Box 807 Sandusky, OH 44871	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
	Date or dates debt was incurred	Basis for the claim: Unpaid wages and/or benefits	_	
	Last 4 digits of account number	Is the claim subject to offset?	_	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
2.17	Mike Eckhardt 7 Falcon Crest Drive, Unit B Norwalk, OH 44857	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$0.00
		Basis for the claim: Unpaid Wages and/or benefits		
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  ■ No □ Yes	-	
2.18	Mirand Brlekamp 121 Clay Street Green Springs, OH 44836	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated Disputed	\$1.00	\$1.00
	Date or dates debt was incurred	Basis for the claim: Unpaid wages and/or benefits		
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 LLS C. § 507(a) (4)	Is the claim subject to offset?  ■ No □ Yes	-	

Schedule E/F: Creditors Who Have Unsecured Claims

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ebtor	North Coast Clinical Laboratory, Inc	Case number (if known)		
19	Priority creditor's name and mailing address  Nancy Karn  4350 Abbe Rd	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated	\$1.00	\$1.00
	· 	☐ Disputed  Basis for the claim:		
,		Unpaid wages and/or benefits	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
0	Rekha Kota	As of the petition filing date, the claim is:  Check all that apply.  Contingent	\$1.00	\$0.00
		■ Unliquidated		
		Disputed		
•		Basis for the claim: Unpaid Wages and/or benefits	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
1	Richard Alexander 1306 BicjamamStreet Sandusky, OH 44870	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated	\$1.00	\$1.00
		Disputed		
		Basis for the claim: Unpaid wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?	_	
	unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
2	,	As of the petition filing date, the claim is:	\$6,000.00	\$0.00
	Troport Graptico IIIIDI	Check all that apply.  Contingent		
	Cuyahoga Falls, OH 44221	■ Unliquidated □ Disputed		
		Basis for the claim: Medical Director - Independent Contractor		
•	Last 4 digits of account number	Is the claim subject to offset?		
	unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

Debtor	North Coast Clinical Laboratory, Inc	Case number (if known)		
2.23	Rojene Mundy 414 Shashta Drive Toledo, OH 43609	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
-		Basis for the claim: Unpaid wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
2.24	Sydney Poutous 27484 Oregon Rd, Lot 95 Perrysburg, OH 43551	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$0.00
-	Date or dates debt was incurred	Basis for the claim: Unpaid Wages and/or benefits	_	
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	■ No □ Yes		
2.25	Taylor Marsh 5318 Brophy Drive Toledo, OH 43611	As of the petition filing date, the claim is:  Check all that apply.  Contingent  Unliquidated  Disputed	\$1.00	\$1.00
-		Basis for the claim: Unpaid wages and/or benefits		
-	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  ■ No □ Yes	-	
2.26	,	As of the petition filing date, the claim is:  Check all that apply.	\$1.00	\$0.00
	308 Marshall Ave Sandusky, OH 44870	☐ Contingent ☐ Unliquidated ☐ Disputed		
-		Basis for the claim: Unpaid wages and/or benefits		
-	Last 4 digits of account number  Specify Code subsection of PRIORITY  unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset?  ■ No □ Yes	-	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	North Coast Clinical Laboratory, Inc	Case number (if known)		
2.27	Name	As of the political filling date, the claim is:	\$1.00	<b>to 00</b>
2.27	Priority creditor's name and mailing address  Tonia Fox	As of the petition filing date, the claim is:  Check all that apply.	\$1.00	\$0.00
		☐ Contingent		
	• • • • • • • • • • • • • • • • • • • •	■ Unliquidated		
	• ·	□ Disputed		
		□ Disputed		
•	Date or dates debt was incurred	Basis for the claim:		
		Unpaid Wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) (4)	□ Yes		
2.28	Priority creditor's name and mailing address	As of the petition filling date, the claim is:	\$1.00	\$0.00
2.20	Tracy Shrewsbury	Check all that apply.	φ1.00	\$0.00
		☐ Contingent		
		■ Unliquidated		
	·	□ Disputed		
		<b>2</b> Disputed		
		Basis for the claim:		
		Unpaid Wages and/or benefits		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY	■ No		
	unsecured claim: 11 U.S.C. § 507(a) ( <u>4</u> )	□ Yes		
		secured Claims nonpriority unsecured claims. If the debtor has more than 6 creditors with nonp	•	
			Amo	ount of claim
3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.		\$1.00
	ALARA Industries LLC	☐ Contingent		· · · · · · · · · · · · · · · · · · ·
	4081 SW 47th Ave Suite #2	■ Unliquidated		
	Fort Lauderdale, FL 33314	■ Disputed		
	Date(s) debt was incurred _	•1 • • • •	- 1114	
	Last 4 digits of account number _	Basis for the claim: Disputed claim as set forth in Silo Operations, LLC vs North Coast Clinical Laborate		
		Is the claim subject to offset? ■ No □ Yes		
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.		\$16,827.34
	Beckman Coulter Inc.	☐ Contingent		
	Dept: CH10164	Unliquidated		
	Palatine, IL 60055-0164	Disputed		
	Date(s) debt was incurred 07-2017 through current	Basis for the claim: Supplies -Laboratory Instrument	s	
	Last 4 digits of account number 4773	Is the claim subject to offset? ■ No □ Yes	_	
	Last 4 digits of account number 4773	is the claim subject to offset? No Li Yes		
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.		\$250.00
	Bellevue Family Medicine LLC	☐ Contingent		
	521 North Sandusky St Ste F	■ Unliquidated		
	Bellevue, OH 44811	☐ Disputed		
	Date(s) debt was incurred 10-2017	•		
	Last 4 digits of account number _	Basis for the claim: <u>Lease - Bellvue Ohio Office</u>		
		Is the claim subject to offset? ■ No □ Yes		

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor		Case number (if known)
3.4	Name Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. \$663.62
3.4	Buckeye TeleSystem	Contingent
	PO Box 94536	· · · · · · · · · · · · · · · · · · ·
	Cleveland, OH 44101-4536	Unliquidated
	Date(s) debt was incurred 10-2017	Disputed
	Last 4 digits of account number 6835	Basis for the claim: Telephone/Internet Service
	Last 4 digits of account number 0033	Is the claim subject to offset? ■ No □ Yes
3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. \$10,210.17
	Cardinal Health Medical Products	☐ Contingent
	PO Box 70539	Unliquidated
	Chicago, IL 60673	☐ Disputed
	Date(s) debt was incurred 07-2010 through 10-2017	Basis for the claim: Supplies
	Last 4 digits of account number 5575	Is the claim subject to offset? ■ No □ Yes
3.6	Nonpriority creditor's name and mailing address	<u> </u>
3.0	Care Source	As of the petition filing date, the claim is: Check all that apply.  \$8,000,000.00
	395 E Broad St Suite 110	☐ Contingent
	Columbus, OH 43215	Unliquidated
	Date(s) debt was incurred	Disputed
	· · · <u>-</u>	Basis for the claim: Disputed claim for return of payments
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. \$379.70
	Computer Service & Support	☐ Contingent
	2106 New Road Bldg E-6	Unliquidated
	Linwood, NJ 08221	Disputed
	Date(s) debt was incurred 10-2017	Basis for the claim: Services Provided -Manage Lab Information Services
	Last 4 digits of account number 6398	Is the claim subject to offset? ■ No □ Yes
2.0	Name is attended to the state of the state o	
3.8	Nonpriority creditor's name and mailing address  David Muskat	As of the petition filing date, the claim is: Check all that apply.
	4081 SW 47th Ave, Suite #2	Contingent
	Fort Lauderdale, FL 33314	Unliquidated
	Date(s) debt was incurred	Disputed
	Last 4 digits of account number _	Basis for the claim: Disputed claim as set forth in Silo Healthcare Operations, LLC vs North Coast Clinical Laboratories Inc. et al
		Is the claim subject to offset? ■ No □ Yes
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. \$1,293.76
	Federal Express	□ Contingent
	PO Box 371461	■ Unliquidated
	Pittsburgh, PA 15250-7461	☐ Disputed
	Date(s) debt was incurred 10-2017	
	Last 4 digits of account number 4958	Basis for the claim: Delivery Services
		Is the claim subject to offset? ■ No □ Yes
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. \$2,320.12
	Firelands Regional Medical Center	☐ Contingent
	1101 Decatir Street	■ Unliquidated
	Sandusky, OH 44870	☐ Disputed
	Date(s) debt was incurred 09-2017 Through 10-2017	Basis for the claim: Laboratory Services
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes
	Last - digits of account number _	is the claim subject to offset? — No 🗀 res

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	North Coast Clinical Laboratory, Inc	Case number (if known)	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$709.70
3.11	Flower Hospital Labortory	Contingent	\$103.10
	5200 Harroun Rd	■ Unliquidated	
	Sylvania, OH 43560	☐ Disputed	
	Date(s) debt was incurred 07-2017 through	·	
	10-20170717, 0817, 0917, 0517	Basis for the claim: <u>Laboratory Services</u>	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	_
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$245.00
	Grace Hospital	☐ Contingent	
	Attn: Heather Pesarchick 2307 West 14th Street	Unliquidated	
	Cleveland, OH 44113	☐ Disputed	
	Date(s) debt was incurred 09-10-2017	Basis for the claim: <u>Lease - Cleveland Office</u>	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$789.66
	Guardian	☐ Contingent	
	PO Box 824404	■ Unliquidated	
	Philadelphia, PA 19182-4404	Disputed	
	Date(s) debt was incurred 11-2017	Basis for the claim: Employee Insurance Benefits	
	Last 4 digits of account number 9256	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to offset? • No 🗀 Yes	
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Internal Revenue Svc	☐ Contingent	
	PO Box 7346	Unliquidated	
	Philadelphia, PA 19101-7346	Disputed	
	Date(s) debt was incurred _	Basis for the claim: FOR NOTICE PURPOSES ONLY	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,653.13
	Medical Mutual of Ohio	☐ Contingent	
	PO Box 951922	Unliquidated	
	Cleveland, OH 44193	☐ Disputed	
	Date(s) debt was incurred 10-2017 through 11-2017	Basis for the claim: Emplouyee Health Care Benefits	
	Last 4 digits of account number 2143	Is the claim subject to offset? ■ No □ Yes	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	O'Connell and Aronowitz	□ Contingent	<u> </u>
	54 State Street	■ Unliquidated	
	Albany, NY 12207-2501	Disputed	
	Date(s) debt was incurred _	Basis for the claim: Legal Services	
	Last 4 digits of account number 9540	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to offset? No Li Yes	
3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$66.99
	OE Meyer Co.	☐ Contingent	
	PO Box 479	■ Unliquidated	
	Sandusky, OH 44871	☐ Disputed	
	Date(s) debt was incurred 10-2017	Basis for the claim: Supplies - Medical Gas	
	Last 4 digits of account number 3614	Is the claim subject to offset? ■ No □ Yes	
		is the daint subject to onset? - NO - Tes	

Debtor	North Coast Clinical Laboratory, Inc	Case number (if known)	
3.18	Nonpriority creditor's name and mailing address Ohio Bureau of Workers Compensation	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Attn: Law Section Bankruptcy Unit	□ Unliquidated	
	PO Box 15567	☐ Disputed	
	Columbus, OH 43215	Basis for the claim: FOR NOTICE PURPOSES ONLY	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Ohio Dept Job and Family Services	☐ Contingent	
	Attn: Program Srvcs/Revenue Rcvry	☐ Unliquidated	
	PO Box 182404	☐ Disputed	
	Columbus, OH 43218-2404	Basis for the claim: FOR NOTICE PURPOSES ONLY	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,750.00
	One Perkins Place	☐ Contingent	
	1604 E. Perkins Place #101	■ Unliquidated	
	Sandusky, OH 44870-7000	☐ Disputed	
	Date(s) debt was incurred 10-2017  Last 4 digits of account number	Basis for the claim: Lease - Sandusky office	
	Last 4 digits of account fidinger _	Is the claim subject to offset? ■ No □ Yes	
3.21	Nonpriority creditor's name and mailing address Pool Laboratories Ltd	As of the petition filing date, the claim is: Check all that apply.	\$172,927.54
	Dean Farm Ousthouse Church Lane	☐ Contingent	
	Canterbury, Kent,	■ Unliquidated	
	Encland CT3 1HS	☐ Disputed	
	Date(s) debt was	Basis for the claim: Reference lab services for clinical trials	
	incurred 10-2010 through 02-2013		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$400.00
	ProHealth Physicians	☐ Contingent	
	12611 Eckel Junction Road	Unliquidated	
	Perrysburg, OH 43551	☐ Disputed	
	Date(s) debt was incurred 10-2017	Basis for the claim: Lease - Current Perrysburg office	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$197.16
	Qiagen Inc.	☐ Contingent	
	PO Box5132	■ Unliquidated	
	Carol Stream, IL 60197-5132	☐ Disputed	
	Date(s) debt was incurred 07-2017 to current	Basis for the claim: Supplies - Medical	
	Last 4 digits of account number 1858		
		Is the claim subject to offset? ■ No □ Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$11,307.31
	Quest Diagnostices	☐ Contingent	
	12436 Collection Center Drive	■ Unliquidated	
	Chicago, IL 60693-0124	☐ Disputed	
	Date(s) debt was incurred 09-01-2017 to current	Basis for the claim: Reference Laboratory	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 13

Debtor		Case number (if known)	
3.25	Name  Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,243.61
	Siemens Healthcare Diagnostics Inc	Contingent	
	PO Box 121102 Dallas, TX 75312-1102	Unliquidated	
	·	☐ Disputed	
	Date(s) debt was incurred <u>08-2017 to current</u>	Basis for the claim: Laboratory supplies	
	Last 4 digits of account number 1631	Is the claim subject to offset? ■ No □ Yes	
3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$140.00
	Symetra Financial - VUL	☐ Contingent	
	PO Box 34815	Unliquidated	
	Seattle, WA 98124-1815	☐ Disputed	
	Date(s) debt was incurred 10-2017 to current  Last 4 digits of account number 1631	Basis for the claim: Insurance Premium - Member Life Insurance Benefits	surance
		Is the claim subject to offset? ■ No □ Yes	
3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,200,000.00
	Synergy Diagnostics Laboratory Inc.	☐ Contingent	
	4081 SW 47th Ave Suite # 2	Unliquidated	
	Fort Lauderdale, FL 33314	Disputed	
	Date(s) debt was incurred _	Basis for the claim: Disputed claim as set forth in Silo He	altheare
	Last 4 digits of account number _	Operations, LLC vs North Coast Clinical Laboratories	
		Is the claim subject to offset? ■ No ☐ Yes	
3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	Treasurer of State of Ohio	☐ Contingent	
	PO Box 1347	☐ Unliquidated	
	Columbus, OH 43216-0347	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: FOR NOTICE PURPOSES ONLY	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$577.50
	US Diagnostics	☐ Contingent	
	PO Box 5531 Worksource 975531		
	Carol Stream, IL 60197-5531	■ Unliquidated □ Disputed	
	Date(s) debt was		
	incurred 09-2017 through 10-2017	Basis for the claim: Medical Supplies	
	Last 4 digits of account number 1963	Is the claim subject to offset? ■ No ☐ Yes	
3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$300.00
	Voya Insurance and Annuity Company	☐ Contingent	
	PO Box 5085 Minot, ND 58702-5085	Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred <u>09-2017 to current</u>	Basis for the claim: Insurance- Life Ins. Premium - Member	er Benefit
	Last 4 digits of account number 1632	Is the claim subject to offset? ■ No □ Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,211.66
	Xerox Corporation	☐ Contingent	
	PO Box 802555	Unliquidated	
	Chicago IL, CO 80250	☐ Disputed	
	Date(s) debt was	Basis for the claim: Lease - office copier	
	incurred 08-2017 through current  Last 4 digits of account number Various	Is the claim subject to offset?	
	LAST 4 CICIES OF ACCOUNT NUMBER VALIOUS	is the claim subject to offset?	

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 13

Debto	or North Coast Clinical Laboratory, Inc		Case nu	mber (if known)	
3.32	Nonpriority creditor's name and mailing address YP PO Box 5010 Carol Stream, IL 60197-5010 Date(s) debt was incurred 10-2017 Last 4 digits of account number 0000  List Others to Be Notified About Unsecured Cla	☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim:  Is the claim subject to	Advertis		\$29.00
assi	in alphabetical order any others who must be notified for cl gnees of claims listed above, and attorneys for unsecured credit o others need to be notified for the debts listed in Parts 1 ar	tors.			
	Name and mailing address			line in Part1 or Part 2 is the editor (if any) listed?	Last 4 digits of account number, if any
4.1	Internal Revenue Svc Insolvency Group 6 1240 E Ninth St Rm 493 Cleveland, OH 44199		Line <u>3.1</u> □ Not I	4_ isted. Explain	_
4.2	Ohio Dept of Taxation c/o Bankruptcy Division PO Box 530 Columbus, OH 43266		Line 3.2	<b>8</b> _ isted. Explain	-
Part 4	4: Total Amounts of the Priority and Nonpriority U	Insecured Claims			
5a. To 5b. To 5c. To	otal claims from Part 1 otal claims from Part 2 otal of Parts 1 and 2 ines 5a + 5b = 5c.		5a. 5b. <b>+</b> 5c.		

Fill in	this information to identify the case:			
Debto	r name North Coast Clinical Lab	oratory, Inc		
United	States Bankruptcy Court for the: NOI	RTHERN DIST OF OHIO		
Case	number (if known)			
			☐ Check if th amended f	
Offic	cial Form 206G			
	edule G: Executory C	ontracts and U	nexpired Leases	12/15
			py and attach the additional page, number the entries cons	secutively.
	oes the debtor have any executory co I No. Check this box and file this form w	_	es? Iles. There is nothing else to report on this form.	
	Yes. Fill in all of the information below I Form 206A/B).	even if the contacts of lease	s are listed on Schedule A/B: Assets - Real and Personal	Property
2. Lis	st all contracts and unexpired leas	ses	State the name and mailing address for all other pa whom the debtor has an executory contract or une lease	
2.1.	State what the contract or lease is for and the nature of the debtor's interest	Purchase & Service Agreement for Equipment, consumables and test kits.		
	State the term remaining	06-152018	Beckman Coulter 250 South Kraemer Blvd PO Box 8000	
	List the contract number of any government contract		Brea, CA 92821-8000	
2.2.	State what the contract or lease is for and the nature of the debtor's interest	Lease - 521 N. Sandusky Street, Bellevue, Ohio 44811 Office		
	State the term remaining	Office	Dellarura Familia Madiaina III C	
	List the contract number of any government contract		Bellevue Family Medicine LLC 521 North Sandusky St Ste F Bellevue, OH 44811	
2.3.	State what the contract or lease is for and the nature of the debtor's interest	Supply Purchase Agreement		
	State the term remaining		De de Debeiro dos	
	List the contract number of any government contract		Dade Behring Inc PO Box 6101 Newark, DE 19714-6101	
2.4.	State what the contract or lease is for and the nature of the debtor's interest	Lease - 2307 W. 14th Street, Suite 307, Cleveland Ohio 44113 Office		
	State the term remaining		Grace Hospital	
	List the contract number of any		W. 14th Street Cleveland, OH 44113	

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 3

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government contract

First Name

Middle Name

Last Name

Case number (if known)

## **Additional Page if You Have More Contracts or Leases**

2. List	all contracts and unexpired least	ses	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5.	State what the contract or lease is for and the nature of the debtor's interest	Storage Unit Rental Agreement	
	State the term remaining		
	List the contract number of any government contract		Huron Secure Storage 3210 West Cleveland Road, Suite 2 Huron, OH 44839
2.6.	State what the contract or lease is for and the nature of the debtor's interest	Lease - 2215 Cleveland Rd W # 105, Sandusky OH 44870	
	State the term remaining		O D D D D
	List the contract number of any government contract		One Perkins Place 1604 E. Perkins Ave. #101 Sandusky, OH 44870
2.7.	State what the contract or lease is for and the nature of the debtor's interest	Lease - 12611 Eckel Junction Rd, Perrysburg, Ohio43551	
	State the term remaining		
	List the contract number of any government contract		ProHealth Physicians 12611 Eckel Junction Road Perrysburg, OH 43551
2.8.	State what the contract or lease is for and the nature of the debtor's interest	Independent Contracto Employment Contract	or
	State the term remaining		
	List the contract number of any government contract		Robert Crabtree MD 1711 High St Cuyahoga Falls, OH 44221
2.9.	State what the contract or lease is for and the nature of the debtor's interest	Equipment Lease	
	State the term remaining		Siemens Diagnotics Finance Co 1717 Deerfield Rd Suite 2102
	List the contract number of any government contract		PO Box 778 Deerfield, IL 60015-0778
2.10.	State what the contract or lease is for and the nature of the debtor's interest	Lease of medical diagnostic instruments	s
	State the term remaining		Siemens Healthcare Diagnostics Inc
			115 Norwood Park Sout

List the contract number of any
Official Form 206G Sched

Schedule G: Executory Contracts and Unexpired Leases

Page 2 of 3

Norwood, MA 02062

First Name

Middle Name

Last Name

Case number (if known)	
------------------------	--

# A

## **Additional Page if You Have More Contracts or Leases**

III contracts and unexpired leas	ses	tate the name and mailing address for all other parties with hom the debtor has an executory contract or unexpired ease	
government contract			
State what the contract or lease is for and the nature of the debtor's interest	Website Hosting		
State the term remaining			
List the contract number of any government contract		Solution King LLc	
State what the contract or lease is for and the nature of the debtor's interest	Equipment Lease and Service Agreement		
State the term remaining	11-2020		
List the contract number of any government contract		Xerox	
	government contract  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract  State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract or lease is for and the nature of the debtor's interest  State the term remaining  11-2020	

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

Page 3 of 3

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Fill in th	is information to	identify the	case:				
Debtor n	ame North Co	oast Clinic	al Laborato	ry, Inc			
United S	tates Bankruptcy	Court for the	NORTHER	RN DIST OF OHIO			
Case nui	mber (if known)						☐ Check if this is an amended filing
	al Form 20 <b>dule H: Y</b>	_	debtors	3			12/15
	mplete and accu al Page to this pa		ible. If more	space is needed,	copy the Additio	onal Page, numbering the	e entries consecutively. Attach the
1. D	o you have any c	codebtors?					
■ No. C	heck this box and	d submit this	form to the co	urt with the debtor'	s other schedules.	. Nothing else needs to be	e reported on this form.
cred	litors, Schedules	<b>s D-G.</b> Include is listed. If the	e all guaranto	rs and co-obligors.	In Column 2, iden		e debtor in the schedules of he debt is owed and each schedule parately in Column 2.
	Name		/lailing Addre	ess		Name	Check all schedules that apply:
2.1			Street			_	□ D □ E/F □ G
		(	City	State	Zip Code	_	
2.2			Street				D
		_	olieet				□ E/F □ G
		(	City	State	Zip Code	_	
2.3			Street				□ D □ E/F
			City	State	Zip Code	_	□G
2.4						_	D
		_	Street			_	□ E/F □ G
			City	State	Zin Code	_	

Fill in	this information to identify the case:				
Debto	or name North Coast Clinical Laboratory, Inc				
Unite	d States Bankruptcy Court for the: NORTHERN DIST	OF OHIO			
Case number (if known)					Check if this is an amended filing
	cial Form 207	م براه ما اسما	de Filipe for Don	l	
The de	tement of Financial Affairs for Nebtor must answer every question. If more space is the debtor's name and case number (if known).				04/16 any additional pages,
Part 1	Income				
1. <b>G</b> r	oss revenue from business				
	None.				
	dentify the beginning and ending dates of the debtowhich may be a calendar year	or's fiscal year,	Sources of revenue Check all that apply		Gross revenue (before deductions and exclusions)
	For prior year: From 1/01/2016 to 12/31/2016		Operating a business		\$6,187,885.00
ı			☐ Other		
_					
	For year before that: From 1/01/2015 to 12/31/2015		Operating a business		\$3,590,187.00
'	-10111 170 172013 to 12/31/2013		□ Other		
Inc an	on-business revenue clude revenue regardless of whether that revenue is taxed royalties. List each source and the gross revenue for a None.				ney collected from lawsuits,
			Description of sources of	revenue	Gross revenue from each source (before deductions and exclusions)
Part 2	List Certain Transfers Made Before Filing for B	ankruptcy			
Lis filir an	ertain payments or transfers to creditors within 90 do at payments or transfersincluding expense reimbursem and this case unless the aggregate value of all property to a every 3 years after that with respect to cases filed on	entsto any creditor, ransferred to that cre	other than regular employed ditor is less than \$6,425. (Th		
	None.				
	Creditor's Name and Address	Dates	Total amount of value	Reasons fo Check all the	r payment or transfer at apply
;	3.1. Various OH	See Attached List of Payments	\$0.00	☐ Secured ☐ Unsecure ☐ Suppliers ☐ Services	ed loan repayments s or vendors
				Other	

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 1

4.	Payments or other transfers of property made within 1 year before filing this case that benefited any insider List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guarantee or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payment listed in line 3. <i>Insiders</i> include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).				5,425. (This amount nclude any payments ers of a partnership			
			D-		Total amount of color			
		ler's name and address tionship to debtor	Dat	es	Total amount of value		• •	ment or transfer
	4.1.	Jack Runner			\$0.00	on Jac	loans for fu	ivista and UBS nds advanced by documentation to
5.	List all	sessions, foreclosures, and returns property of the debtor that was obtained losure sale, transferred by a deed in lieu one						d by a creditor, sold at
	Cred	litor's name and address	Describe of th	e Property		Date		Value of property
6.	of the debt.	y creditor, including a bank or financial in debtor without permission or refused to m		t the debtor's c	irection from an account	of the de		
P	art 3:	Legal Actions or Assignments						
7.	Legal a	Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.						
	□ No	one.						
		Case title Case number	Nature of case		urt or agency's name ar Iress	nd	Status of ca	ise
	7.1.	SILO HEALTHCARE OPERATIONS et al vs Debtor 2017 CV 0034	Complaint, crossclaims counter clair	and Co	e County Common P urt 3 Columbus Ave ndusky, OH 44870	leas	■ Pending □ On appe □ Conclude	
	7.2.						Pending On appe Conclude	
8.	List any	nments and receivership y property in the hands of an assignee fo rr, custodian, or other court-appointed off				this case	e and any prop	perty in the hands of a
	■ No	one						
P	art 4:	Certain Gifts and Charitable Contribu	itions					

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Official Form 207

Debtor North Coast Clinical Laboratory, Inc

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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0	Liet ell	gifts or obspitable contributions the	dahtar gaya ta a rasiniant within 2 years hafara fili	ag this sace unless the	aggregate value of
		s to that recipient is less than \$1,000	debtor gave to a recipient within 2 years before filin	ig this case unless the	aggregate value of
	<b>—</b> 1101	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Pa	rt 5:	Certain Losses			
		es from fire, theft, or other casualty	within 1 year before filing this case.		
	■ Nor	•	, c		
		ription of the property lost and he loss occurred	Amount of payments received for the loss  If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost
Pa	rt 6:	Certain Payments or Transfers			
	List any of this c		of property made by the debtor or person acting on being attorneys, that the debtor consulted about debt cons		
	☐ Nor	ne.			
		Who was paid or who received the transfer? Address	If not money, describe any property transferre	ed Dates	Total amount or value
	11.1.	Raymond L Beebe Co LPA 1107 Adams St Toledo, OH 43604	Attorney Fees	10/17/2017	\$12,000.00
		Email or website address Raybblaw @buckeye-express.c	om		
		Who made the payment, if not deb Jack Runner	tor?		
	List any to a self	-settled trust or similar device. nclude transfers already listed on this s	e by the debtor or a person acting on behalf of the deb	otor within 10 years before	e the filing of this case
	Name	of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	List any 2 years	before the filing of this case to another	nt y sale, trade, or any other means made by the debtor of person, other than property transferred in the ordinary ecurity. Do not include gifts or transfers previously lister	or a person acting on beh course of business or fir	alf of the debtor within
	■ Nor	ne.			
		Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
Pa	art 7:	Previous Locations			-
Offic	cial Form	207 Stateme	nt of Financial Affairs for Non-Individuals Filing for Bankr	uptcy	page 3

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Debtor North Coast Clinical Laboratory, Inc

Debtor	North Coast Clinical Laborator	ry, Inc Case	number (if known)	
44 Based				
	ous addresses Il previous addresses used by the deb	tor within 3 years before filing this case and the da	tes the addresses were u	used.
	Does not apply			
	Address		Dates of occ From-To	cupancy
Part 8:	Health Care Bankruptcies			
Is the	th Care bankruptcies debtor primarily engaged in offering s inosing or treating injury, deformity, or viding any surgical, psychiatric, drug tre	disease, or		
	No. Go to Part 9.			
•	Yes. Fill in the information below.			
	Facility name and address	Nature of the business operation, including the debtor provides	ng type of services	If debtor provides meals and housing, number of patients in debtor's care
15.		Medical Laboratory for testing		
	Laboratory, Inc 22155 Cleaveland Rd Sandusky, OH 44870	Location where patient records are maint facility address). If electronic, identify any se		How are records kept?
		Same as Facility Address		Check all that apply:
				■ Electronically
				■ Paper
Part 9:	Personally Identifiable Informatio	n		
16. <b>Does</b>	the debtor collect and retain perso	nally identifiable information of customers?		
	No.			
	Yes. State the nature of the information	on collected and retained.		
	Medical Records including	personal identifiers		
	Does the debtor have a privacy p		_	
	□ No ■			
	Yes			
	n 6 years before filing this case, ha t-sharing plan made available by the	re any employees of the debtor been participan e debtor as an employee benefit?	ts in any ERISA, 401(k)	), 403(b), or other pension or
	No. Go to Part 10.			
	Yes. Does the debtor serve as plan a	dministrator?		
	☐ No Go to Part 10.			
	Yes. Fill in below:			
	Name of plan  North Coast Simple IRA P	lan	Employer identification EIN: 34-1505256	n number of the plan
	Has the plan been terminated?			
	■ No			
	☐ Yes			
Part 10:	Certain Financial Accounts, Safe	Deposit Boxes, and Storage Units		

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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#### Part 12: Details About Environment Information

Debtor

North Coast Clinical Laboratory, Inc.

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a

similarly harmful substance.

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Day	ant all mai	tions releases and presentings	lineaus regardless of tubon their security		
		-	known, regardless of when they occurre		
22.	Has the	debtor been a party in any judicia	al or administrative proceeding under any	environmental law? Include settle	ements and orders.
	No.				
	☐ Yes	. Provide details below.			
	Case tit		Court or agency name and address	Nature of the case	Status of case
23.		overnmental unit otherwise notifental law?	fied the debtor that the debtor may be lial	ole or potentially liable under or in	violation of an
	■ No. □ Yes	. Provide details below.			
	Site nar	ne and address	Governmental unit name and address	Environmental law, if known	Date of notice
24.	Has the d	ebtor notified any governmental	unit of any release of hazardous material	?	
	_	,,	•		
	■ No.	. Provide details below.			
		ne and address	Governmental unit name and address	Environmental law, if known	Date of notice
Fa	De	talls About the Debtor's Busines	s or Connections to Any Business		
25.	List any bu	sinesses in which the debtor has usiness for which the debtor was an s information even if already listed	owner, partner, member, or otherwise a pe	rson in control within 6 years before	filing this case.
	■ None				
	Business	name address	Describe the nature of the business	Employer Identification number Do not include Social Security number 1	
				Dates business existed	
26.	•	•	no maintained the debtor's books and record	s within 2 years before filing this cas	e.
	Name a	nd address			ate of service om-To
	26a.1.	Hobe & Lucas CPA 4807 Rockside Rd A510 Independence, OH 44131		19	985 - Present
	26a.2.	Donald Lowther 6712 Susan Dr Castalia, OH 44824		19	985 - Present
		ll firms or individuals who have aud n 2 years before filing this case.	lited, compiled, or reviewed debtor's books o	of account and records or prepared a	financial statement
	□ No	one			
	Name a	nd address			ate of service om-To
	26b.1.	Hobe & Lucas CPA 4807 Rockside Dr A510 Independence, OH 44131			985 - Present

Case number (if known)

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Debtor North Coast Clinical Laboratory, Inc

Best Case Bankruptcy

Case number (if known

Debtor

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Best Case Bankruptcy

Debtor	North Coast Clinical Laboratory	, Inc Ca	ase number (if known)				
	n 1 year before filing this case, did the des, credits on loans, stock redemptions, an	ebtor provide an insider with value in any form d options exercised?	n, including salary, other com	npensation, draws, bonuses,			
	Yes. Identify below.						
	Name and address of recipient	Amount of money or description and v property	value of Dates	Reason for providing the value			
31. With	in 6 years before filing this case, has t	he debtor been a member of any consolida	ated group for tax purpose	es?			
_	Yes. Identify below.						
Name	e of the parent corporation		Employer Identification corporation	number of the parent			
32. With	in 6 years before filing this case, has t	he debtor as an employer been responsib	le for contributing to a pen	sion fund?			
	No Yes. Identify below.						
Name	e of the parent corporation		Employer Identification corporation	number of the parent			

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Best Case Bankruptcy

North Coast Clinical Laboratory, inc	Case number (if known)
Part 14: Signature and Declaration	
	aking a false statement, concealing property, or obtaining money or property by fraud in up to \$500,000 or imprisonment for up to 20 years, or both.
I have examined the information in this Statement of F and correct.	Financial Affairs and any attachments and have a reasonable belief that the information is true
I declare under penalty of perjury that the foregoing is	true and correct.
Executed on November 8, 2017	
s/ Jack Runner	Jack Runner
Signature of individual signing on behalf of the debtor	Printed name
Position or relationship to debtor	

Are additional pages to Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207) attached?

□ No

Yes

Official Form 207 Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Best Case Bankruptcy

HT A ST PM	11.4.3		Discount Inc.	harts Come Climan				MT4 III PM	-			North Count Claracid	of the lower		
Propriet Carlo Carlo Carlo Carlo Caracia Crease (de Co. Ser Caracia) (a de Sec. Sec. 7												e entire for T			
						ser, Francis		2000	002568	020000000000000000000000000000000000000	2200	-	mar 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	Name of	
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-0.00		Allen A		Balantes Paparts	IFR branch free			4.96.00	70.00		Beed	the name from	Marine 1		***
Ti Maria				National Paydia	Average Clark		m1434,	detail.	100.00	- 11 4	a receivado	self that because	district a		+ m 2m 1
-		3296 H R		Navada Paulia	breaked interest at 10		M44241	1000		22.4		100 Million	19914		man But
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-PLMILH				Spream Positio	Pites from:		98 Tq (10)	100.7		ment a		Schools Produc	Budge Laborate		en pet
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49.96.3		Sec. 14. 8		Named Paralle	114		of table?	most.					Later State Language &		Add Sec
Mine to		45.96		Scotter Parents	144 teach		10000	1487.4"		170.00 1		Access Fredry	The Parkets Plant		
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, in yes #		Det de la		Accessed Figures	Ratio Committee		M-14791	to the ter		DOM: N		Acres Faults	Father Witten	1000	
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-	may an	3.7	Diesel	139 Acres San	M PLACE		M11541	11.04.5		10490 6	in contra	**	13.0		*** 201
45,000	to be at		District	COR. Someth Boat.	14 Prout		W-12-1				March Charles	ne'to a processor from	name Property		****
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014 11 PM	1140		Eathermory, Inc.	North Count Closual	OR COST CHARGE			" a IT Plan	1143		Lebroium, bac	worth Crain Clinical	rk ( set losses		
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Palent	Property	Franci i	Money	No.	Ferm	Applie	Project Comments	Acres	Person	Person I	No.	t-a-	Faire	Proprier	200
-ca h			Print Stands	-	North Charles	Districts.	18 10 26 7	40.00			See See .	and the second	Commercian &	part had	water.
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-874 N		12	Front Dagonal	***	Shoot, From:	teach.	<b>49</b> (4) (5) (1)	46 40 30			Street Impace	-	Pater Salare	1000	10.11.621
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		97	Films (Appell)	and the second	Person Francis II.	Harrie .	40.00	100,000,00			providing and	-	Francis Subsect	Direction.	4.49.4
The si		- 3	Free leases	**	Person School L	10179	Make Sec. 7	40 194 (1)			(No. of Persons	-979	Proc board I	Jakotto	a Francis
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479 13				-	Farmer, & come for	DESCRIPTION OF	and the last of	de cos In-			Description.	wh.	fragging ( and )	180,100	4 14 hot
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and to			The Inquit	-	because the		46 No. rect	As arts for			(Next Input	-	hora horas		to be to be
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9.511-389	11.00		Deposit		Spring of Nation		100 101 200 1	46,575.96	114		Depart	170 Acres Age	(8.650)		on to bear
4 tonas		1000	Add Tonner	Lagrance Baselin & Fd.	Charle.		1995 Act 7	4179.00	A 77 M		Charles .	178 August Aug	na.Phro/1		of to Sect.
4120		( m ( m , m ,	*	hitta i tell Fam	Chimia .		PRTS 7847	44.798.71		105 to 8		-	1. I house facts		MINTER!
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40.110			V1900	Australi Palata	Redinte Carter Inc.	7.71	Mark Sec.				1000000	or it has become	1700		- 1 m.
10:112			1189	become forces	Screen Freihur		more has h	46.807.71		17.86 %	Heat half die -	er's Liberton for			4 (4 (-)
9,741.16		miles a		Some Feats	femore tenant to		Marin Spart	47 714 1	1972-00	Same P			United Temperature UK PUTMER		# 74 Jan 1
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the second		200.00		Server Favors	Antonia Family Assist-		mm. p. 1	47774	81.0		Physical	1.50 Access hour			
Exist.br				Access Facilities	Botton Self-man			L. series	MAN HE		Papers Comm.	40	14,400		# latin.
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1,047.45		10 to 10	Wy mand all up	horsen Fayers	Chemical barries &		1000 517	BEAM H		1000		MA INCHEST	Consens recognists	-	on the Stort
1305.5		471.76		Automotive Program	Committee Service &		(88) 541	28.5		State of F	I have to be	49	Constitute Party		a (4 )
0.000.74		See or 16		According Front Co.	Salved Schoolsee 5	9.75	may 5.5"	-9.11					Boson; 1949 1		a to be
West 11		4 101.44 %		Accres Paulin	Follow Expens		(Mer. 1417	48471			Free Decree	1909	Autobary, Washing I		(a) (a) (a)
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80.01		per m. m.		Success Parents	Free Hispan		men yes	404.50			Impe Deprive	**	Caretti Stoccha M		de import
4" 60		100 M A		Southern Payable	Local Lance Michigan		999.34	439.10			Person France		Plan, 1 brompter 9		m Hallery
al tip		780 pt 6		Summit Parable	1-service		personal face of	(29.1)			Interest Passing	-	Lorent Michel 1		a 14 h-
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4.59.59		\$50 m 1		Average Parame	ITT beautite.		Marie Sect	496.70			(river) (mayority	-	named by the con-		in in its
1		164.75. 6		Access fronts	fate Ween (mythe ).		Mark No.	119 77			Person Person	-4.4	riserian frame	1.5	in he be?
		CONTRACTOR OF		Access Parks	Minfred Marcel of Th.	Trace?	PRODUCTION TO	446.70			Pitrod Physiol	**	State, Name or	to the	of the body

HE WILLIAM	1143		Laboratory, Inc.	Sorth Count Clinical				erf a commu	****		Laterate and the	worth Count Chronal			
					this year ( would		Represent 6						of Commission		
					TERM DIST	or Street	Property (St. St.						to the Res	1000	
					ander Red	er has be	Service No.						3.500	an han h	
Between	Property.	Person F	None:	Acres .	Perm	State	Fee	Belgere	Stephell	Product 1	No.	Service Co.	Perm	*	tea .
				3003000	10000	27-18	3350	24500		W-VOLUME.					
-14,000.16		. 4	Street Street	-475	Ban hast M	(40 × 50)	411100	4.000.00		** 4		Annua Faire	France's	7177	
dealer to			Describeration	44	Note Life & Bentium.	(right) free[	March St.	(0.0% a)		1.00		According from the	Title Police Print		med per .
(0.001.0			Then Deposit	400	Lowber, New W	1011	March 1997	- 5.2 distri				Acres to the	Pide Fox Plants		41130-
30,480 0			Hour Paper	garie.	Month, Farther #	printed.	66 / N (Sec. 7)	-1 nat 4/		40-46 T		Acres Produc	Problem Promises		mot be.
Jacobs 9			Phine Physical	474	Street, Tourity	No. of Section	89 9 5 page 5	<b>61,49630</b>		9.0	\$140 MACH	Nome Follow	Object for		449 (847)
displication in			Steel (Rent)	400	Fresh Redo:	-	me or proof	11.76.85		PR 14 . 4		Assess Forest	Rendris Service		ear ha :
Jane 1			Pleas They of	-970	Former names	16-16	66 ( K) ( K) ( K)	64.762.67		1.00		Source Facation	Balton il returna lecito		eric Bri
dealer to			Pens Tepor	- wife	Parties British S.	(a) a total	MOST INC.	c4.741 wh			9-140	Accessor Parellin	Some feetball	3	44.34
dealer to			Please Physical	400	Person Debugs &	PRODUC	AND THE R	19 64 5 65				Access from	Named Aug. (3)	Patri	40.00
A. etc. 16			Free Paper	aprile .	Freins, Spinst 1	(STORES	ment part	96273.19		Die La . H		Surrent Facility	State:	lateral.	men des
OLDER N			Free Input.	aprile .	From bought 1	percent.	MATERIAL PROPERTY.	19 101 81		+>7 4		Access Parette	1.1	30,130	ent per
15.461.6			Steer Separt	agents.	Bullis II, 16ger	persent	de un bu ?	67.06.79		342.84 8		Acres Promis	From Britis	100.00	med der .
min k			Street Physical	49	Barrer Suphrose Mr.	litter.	PR 10 (0) 7	4.7 387 39		100 00 0		Access Paidle	From Succes 6 at	perior.	441.34*
A160.0			Diese Dignel	-440	Stormer Screen by	(House)	affect part	COST (4			max.	Spiriture Faulting	See appear	1963	headair
James W			Pine Deput	-460	frames ( sto 9	(none	ments to 1	17,846.09				Acres Fauto	40	lanca.	Mary State
- Name of			Vitras Disposit	-	Moneyo, Says	parent.	Period Day 1	47 400 36	14.90		France :	129 Access Name	ER PRINT		eren No. 7
Auto N			Street Preparet	-949	Street, Total or	-	ment by 7	41499	140.0	unicons kills	Premi	199 Acres Spin	18 (5.00)		turn but
APRIL	- 14.01		Pleasest.	139 Access Base	deliment		Marie In 1	in and Ja		4.00.00 \$	16 1 97079	***	181	f	est's jeen!
Link See to	14.871.66		Peperi	THE Assets Burn.	DR PORT		40 TH 100 TH	-burst in		Times to		Suspens Parisher	Francis Francis	Period.	115.800
-1 mm	100000	1000 0	18170579	-	18.5	1	PR 79 79 7	120319	4.000		Report Lang.	april 1	DOMEST.		+11%
of part		#1 to 10	Supraminal	also Aspect & Super	Reports Service	-	extra ner?	4.6% (1)	0.00.0		Hapman	0.8 Same (\$ 100g)	14 (5.6)		10,841
11 apr 1		PR.21 6		-	to be become a part.	tion .	and the second	69,931.45			total to the	44	Shareflower Parcel		tra fert
1400	11.0mm		Panel	to P Samue - Names	DEPOSIT		A-14-11-1	66 M/g 10				**	Barest Aye (	1	HIR WAT
Library.	179.00		Francis	the Asset But	de Prosé!		more by 5	51 10g 50		635 per 16	to experi	Assert Faced Sack.	Artest Treated Born.	1	19000
1407.0	479.00		Change	circ Server Servi	OR PORT!		W 14 24 7	27 het 19		4.7476.4	TO BETTE	Accord Placed Sand	Training of Year of		419 mg*
1.7eE at	20000	ted to a		MT Labour Free	Time House	more.	m in 100 1	25,000,00				Surrout Results (18)	Anisotrum Panels	b	+19 800
4,745.4	100.0		Same.	Ad Laure States	(a reset		W17 16.7	41,764.79		11 to 10 to	ete:	decrease Franch for E.	Etc of Fernance 1	place.	+17201
400.7		of any ju. 4.	I have to the	-	Anadori Famil		# 36 to 1	79,397,39		No. of 16	14 74 74	spine .	#0.4	per in	tier ere
1,744	1,000,00			the American	of Project		0 N To 1	Dec 70.00		2007 1	S. PRESERVE	**	18/10/2	NACT:	11830.
1.79 4				-415	Same was		m /m (m )	04.479.40		44 F A		40'0 Chert \$ 1 a 81	Children Trains I have	borter.	1130
1,000		11 10 1		rapido.	Street Bullet II	Just 19	profes par 5	(h.etc.)6				ATT LABORATION	Falling Baybon	acres.	*1000
4,57 10		40 40 A	Sell-Transfer	ryde:	Street, or Carrier		market 1	(a. earl 14			Steam Ingrad	racing.	Berkhamp, Morana I	100.00	11991
4.7%			Description	and the same of th	Services Month !		exact.	(0.00) 00			Steam Suppose	-	Name Service (i	convince.	11300
4,511.00			Pear Paper	-	Steen, Marine II.		****				Peter Paper	**	Calculation beautiful by	100	-1420
4.2%			Print Page	-	Careth Sends M		#A.7910 T	couldn't be			Pine Phine	44	days of bringing to	into ber	110.00
4.7%			Street Street	40.	Francis House &		manus.	76.481 56			Phot Phone	400	Annes Mider &	bearing?	to be 1
4.00.00			Plant Page 8		Fan, Same		****	Auto M			Phone Physical	***	to tess	100.00	to had
			Direct Dispose	-	contract probable		***	0.00			District Channel	100	have taken		11100
4.34 8			Direct Degree		Motor Page 1		de fe fu f	material at			Please Stagewall	**	Median Phase I		19.00
4,7%							\$4.74.7m 1	Out W			Phone Physics	-	Sees Charge 9	interview.	1100
-4.5% ps			Fitter Input	Fact	Seein Christian T	14.4.4	30,00,00					Page 1			

e la my	1149		Laboratory, Inc.	harth Caspit (Thousal	PET COMP TOWNS OF THE PETER COMP			" a 10 Per	(64.6		Laterators, Inc.	Sandy Count Company	el Continued Continued		
					meter And	an Trans No	Bernet No. 7						anton S.A	-	total to be
-	Property	femal f	Money	t-mark	Para .	-	-	Batteria	Propriet	Female F	-	-	Prom	-	See
-		120011-0		Acres Parks	****	-	1443 to 1	434144			Steen Septed	407	Ken Sant M	No.	-
41.40.0		17mm 4		Assemble Property	Free Publish Plant	(marky	makes the fi	4.75.46			Street Deposit	mpR4	Brita (S), Charles	*****	=  4  44
-0.00		404.4		Assessment Properties	Fitter Breek	(m)	rancine?	4.311.00			district Engine	rapide .	Lottlet No. 9	89-16-9	er fie bis "
-				Access Facility	Frie Fox Sherike.	(ment)	1951 941	4.75.86			Street Seption	option	West Table 8	1074/8	PH 24 211"
£1.811.8		***		Access Product	Printed Persons	pane	1410.397	4.251.46		*	Philad Physioli	-gree	Miles Familie	Attended.	m Primit
-01400.0		10 m &		Acomoly Profess	Proposition September	-	Breist Ber 1	4,011.00			Photo Lagrant	475	Month, Transit	FC-96()	+ + 34"
-17.4m B		Lenn		Assembly Parallel	Automic sprace 16 de	(market)	botto Bu T	400144			Flore Deposit	44	Person Astrono	an may'r	m (m (m) *
-0.60 8		117.00		Access Paralle	book's believe	(back)	beautifus?	4.25.46			Steen Depose	opine.	Fermi Skhool &	der require	mile be?
mar i			Set race	Accessed Property	Section Sections	perse.	1041 811	4.771.89			Steen Deposit	rapine	Propose forbot is	phosp.1	H79.80
27 min #		100 00 1		Spread Private	Names Aug 134	-	1947 911	475.00			they bear a	99	Proc. Inter# 1	HT hole	H-19,200
-0.404		FEB 4		Aurora Paratra	Project.	-	Brend But "	4 700 000			Prop I send	44	Buffe to Year	Bridge	+ 74 841
-		100.00		Access Parkly	Surgery Francisco	Presi.	NAME AND TAXABLE	4.755.44			Sheet Peprois		Farm Salting H.	New/h	49.00
and the h			11.60	Secreta Parkly	It is Degreened	treat	\$100 But 7	437-10			Diese Paymer	-10	Rosen Arrest N	$(b(x)_{m,p})^{\alpha}$	in the line?
-0.01		Differ N.		Access Paralle	Total Codes	(ma)	Parks Bet 7	4,75.00			Street Trapping	win	Science Carlo S	(Bright)	ne ju por
-		combo h		Bookers Paristin	Successfully by	preside the	man't do 7	4.775.00			Heat Papers	400	Named at 1941	(project	
-			to the same	Burnasa Pacatta	has I except	Description of the last of the	many man	4.25.00			(Tony I speed	age of	States Saudio	Henry	1 100.00
PERMIT				Access Payers	10	(max	NAME AND ADDRESS OF	6.756.97	33.0			15th named have	1875-003		14 to 647
44.00	1100		Charles .	(No. Assessed Realty	paterners.		14075 2017	America.		Ter 1	0.00 mm (m)	er in that better in	comin.	140	100
James		3.345.54 K	the a married		100		Marie Total	districts		m 11. A		block but had	State of Persons and Park	1.00	tent Bu?
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## United States Bankruptcy Court Northern Dist of Ohio

In	re North Coast Clinical Laboratory, Inc		Case N	o.	
		Debtor(s)	Chapte	r <b>7</b>	
	DISCLOSURE OF COMPE	NSATION OF ATTOR	RNEY FOR	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation of	ng of the petition in bankruptcy,	or agreed to be p	aid to me, for service	
	For legal services, I have agreed to accept		\$	12,000.00	
	Prior to the filing of this statement I have received.		\$	12,000.00	
	Balance Due		\$	0.00	
2.	\$ 335.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	☐ Debtor ☐ Other (specify): Jack F	Runner			
4.	The source of compensation to be paid to me is:				
	☐ Debtor ☐ Other (specify): Jack F	Runner			
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are m	embers and associate	es of my law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name				ny law firm. A
6.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspects	s of the bankrupto	cy case, including:	
	<ul><li>a. Analysis of the debtor's financial situation, and rende</li><li>b. Preparation and filing of any petition, schedules, stat</li><li>c. Representation of the debtor at the meeting of credite</li><li>d. [Other provisions as needed]</li></ul>	ement of affairs and plan which	may be required:	-	oankruptcy;
7.	By agreement with the debtor(s), the above-disclosed fee	e does not include the following	service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any s bankruptcy proceeding.	y agreement or arrangement for	payment to me for	or representation of t	he debtor(s) in
	November 8, 2017	/s/ Raymond L Be			
	Date	Raymond L Beeb			
		Signature of Attorne Raymond L Beeb			
		1107 Adams St			
		Toledo, OH 43604 (419) 244-8500 F		538	
		Raybblaw@bucke	eye-express.co	m	
		Name of law firm			

## United States Bankruptcy Court Northern Dist of Ohio

In re	North Coast Clinical Laborator	y, Inc	Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR	MATRIX	
, the	of the corporation named as the deb	otor in this case, hereby verify that the attache	ed list of creditors	s is true and correct to the best
of my l	knowledge.			
Date:	November 8, 2017	/s/ Jack Runner		
		Jack Runner/		
		Signer/Title		

ALARA INDUSTRIES LLC 4081 SW 47TH AVE SUITE #2 FORT LAUDERDALE FL 33314

AMBERA PALMER
937 VIRGINIA STREET
PORT CLINTON OH 43452

BECKMAN COULTER 250 SOUTH KRAEMER BLVD PO BOX 8000 BREA CA 92821-8000

BECKMAN COULTER INC DEPT CH10164 PALATINE IL 60055-0164

BELLEVUE FAMILY MEDICINE LLC 521 NORTH SANDUSKY ST STE F BELLEVUE OH 44811

BELLEVUE FAMILY MEDICINE LLC 521 NORTH SANDUSKY ST STE F BELLEVUE OH 44811

BUCKEYE TELESYSTEM PO BOX 94536 CLEVELAND OH 44101-4536

CARDINAL HEALTH MEDICAL PRODUCTS PO BOX 70539 CHICAGO IL 60673

CARE SOURCE 395 E BROAD ST SUITE 110 COLUMBUS OH 43215 CARIE SEAMON 103 SOUTH MAIN ST APT D CLYDE OH 43410

CAROLYN GARCIA 1540 SCRANTON RD NORWALK OH 44857

CHRISTINE JONES 1323 LAWNVIEW AVE TOLEDO OH 43607

CHRISTOPHER DEAN 5245 50TH STREET SANDUSKY OH 44870

COMPUTER SERVICE SUPPORT 2106 NEW ROAD BLDG E-6 LINWOOD NJ 08221

DADE BEHRING INC PO BOX 6101 NEWARK DE 19714-6101

DARRI STOBIE 4704 COLUMBUS AVE SANDUSKY OH 44870

DAVID MUSKAT 4081 SW 47TH AVE SUITE #2 FORT LAUDERDALE FL 33314

DEBORAH PERVEZ 31827 WOODBRIDGE WAY AVON LAKE OH 44012 DIANA HOELZER 101 MOHAWK PATH SANDUSKY OH 44870

DONALD LOWTHER 6712 SUSAN DRIVE CASTALIA OH 44824

FEDERAL EXPRESS
PO BOX 371461
PITTSBURGH PA 15250-7461

FIRELANDS REGIONAL MEDICAL CENTER 1101 DECATIR STREET SANDUSKY OH 44870

FLOWER HOSPITAL LABORTORY 5200 HARROUN RD SYLVANIA OH 43560

GRACE HOSPITAL
ATTN HEATHER PESARCHICK
2307 WEST 14TH STREET
CLEVELAND OH 44113

GRACE HOSPITAL W 14TH STREET CLEVELAND OH 44113

GUARDIAN PO BOX 824404 PHILADELPHIA PA 19182-4404

HURON SECURE STORAGE 3210 WEST CLEVELAND ROAD SUITE 2 HURON OH 44839 INTERNAL REVENUE SVC PO BOX 7346 PHILADELPHIA PA 19101-7346

INTERNAL REVENUE SVC INSOLVENCY GROUP 6 1240 E NINTH ST RM 493 CLEVELAND OH 44199

JACK RUNNER 620 MARSHALL AVE SANDUSKY OH 44870

JENNIFER CASSIDY 812 WARWICK DRIVE SHEFFIELD LAKE OH 44054

JOSEPH PRICE 2006 HULL RD SANDUSKY OH 44870

KATHLEEN RUNNER 620 MARSHALL AVE SANDUSKY OH 44870

KRISTEN RUNNER 340 BERLIN RD HURON OH 44839

MAJOR RUFFIN III 734 WALNUT RIDGE LANE SANDUSKY OH 44870

MEDICAL MUTUAL OF OHIO PO BOX 951922 CLEVELAND OH 44193

MELVIN BURNS PO BOX 807 SANDUSKY OH 44871

MIKE ECKHARDT 7 FALCON CREST DRIVE UNIT B NORWALK OH 44857

MIRAND BRLEKAMP 121 CLAY STREET GREEN SPRINGS OH 44836

NANCY KARN 4350 ABBE RD SHEFFIELD LAKE OH 44054

O CONNELL AND ARONOWITZ 54 STATE STREET ALBANY NY 12207-2501

OE MEYER CO PO BOX 479 SANDUSKY OH 44871

OHIO BUREAU OF WORKERS COMPENSATION ATTN LAW SECTION BANKRUPTCY UNIT PO BOX 15567 COLUMBUS OH 43215

OHIO DEPT JOB AND FAMILY SERVICES ATTN PROGRAM SRVCS/REVENUE RCVRY PO BOX 182404 COLUMBUS OH 43218-2404

OHIO DEPT OF TAXATION C/O BANKRUPTCY DIVISION PO BOX 530 COLUMBUS OH 43266 ONE PERKINS PLACE 1604 E PERKINS PLACE #101 SANDUSKY OH 44870-7000

ONE PERKINS PLACE 1604 E PERKINS AVE #101 SANDUSKY OH 44870

POOL LABORATORIES LTD
DEAN FARM OUSTHOUSE CHURCH LANE
CANTERBURY KENT
ENCLAND CT3 1HS

PROHEALTH PHYSICIANS 12611 ECKEL JUNCTION ROAD PERRYSBURG OH 43551

QIAGEN INC PO BOX5132 CAROL STREAM IL 60197-5132

QUEST DIAGNOSTICES
12436 COLLECTION CENTER DRIVE
CHICAGO IL 60693-0124

REKHA KOTA 1007 EAST BOGART RD SANDUSKY OH 44870

RICHARD ALEXANDER 1306 BICJAMAMSTREET SANDUSKY OH 44870

ROBERT CRABTREE M D 1711 HI STREET CUYAHOGA FALLS OH 44221 ROBERT CRABTREE MD 1711 HIGH ST CUYAHOGA FALLS OH 44221

ROJENE MUNDY 414 SHASHTA DRIVE TOLEDO OH 43609

RONALD HOUSE ESQ BENESCH FRIEDLANDER ARNOFF 41 S HIGH ST STE 2600 COLUMBUS OH 43215-6164

SIEMENS DIAGNOTICS FINANCE CO 1717 DEERFIELD RD SUITE 2102 PO BOX 778 DEERFIELD IL 60015-0778

SIEMENS HEALTHCARE DIAGNOSTICS INC PO BOX 121102 DALLAS TX 75312-1102

SIEMENS HEALTHCARE DIAGNOSTICS INC 115 NORWOOD PARK SOUT NORWOOD MA 02062

SILO HEALTHCARE OPERATIONS LLC 1ST STREET SE 903 SAN JUAN PR 00921

SOLUTION KING LLC

SYDNEY POUTOUS 27484 OREGON RD LOT 95 PERRYSBURG OH 43551 SYMETRA FINANCIAL - VUL PO BOX 34815 SEATTLE WA 98124-1815

SYNERGY DIAGNOSTICS LABORATORY INC 4081 SW 47TH AVE SUITE # 2 FORT LAUDERDALE FL 33314

TAYLOR MARSH 5318 BROPHY DRIVE TOLEDO OH 43611

TIMOTHY MEADE 308 MARSHALL AVE SANDUSKY OH 44870

TONIA FOX 1317 CAMP STREET SANDUSKY OH 44870

TRACY SHREWSBURY 12 B TOWNSEND AVE NORWALK OH 44857

TREASURER OF STATE OF OHIO PO BOX 1347 COLUMBUS OH 43216-0347

US DIAGNOSTICS PO BOX 5531 WORKSOURCE 975531 CAROL STREAM IL 60197-5531

VOYA INSURANCE AND ANNUITY COMPANY PO BOX 5085
MINOT ND 58702-5085

XEROX

XEROX CORPORATION PO BOX 802555 CHICAGO IL CO 80250

YP
PO BOX 5010
CAROL STREAM IL 60197-5010

## **United States Bankruptcy Court Northern Dist of Ohio**

In re	North Coast Clinical Laboratory, Inc		Case No.	
		Debtor(s)	Chapter	7
CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)				
Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for <a href="North Coast Clinical Laboratory">North Coast Clinical Laboratory</a> , Inc in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:				
■ Non	ne [Check if applicable]			
Noven	mber 8, 2017	/s/ Raymond L Beebe		
Date		Raymond L Beebe #0027096		
		Signature of Attorney or Lit Counsel for North Coast C	igant <mark>Iinical Laboratory, I</mark>	nc
		Raymond L Beebe Co LPA		
		1107 Adams St		
		Toledo, OH 43604 (419) 244-8500 Fax:(419) 244-	8538	
		Raybblaw@buckeye-express		